



Changes to Individual Provider Application Process



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Objectives

At the end of this training, you will be able identify how NCTracks will capture and store:

- Work History
 - Including work history gaps
- Education History
- Current Malpractice Insurance

In addition NCTracks will:

- Request individual providers submit ALL board certification data.
- Add two Exclusion Sanction Questions
- Require enrolling providers to sign an agreement.



Work History



What is Required?

- Work history.
 - As a health professional.
 - Past 5 years.
- Documentation required for gap of more than six months.



Education History



What is Required?

- Submission of highest level of education.
- Education information verified.
- Submission of supporting documentation.



Malpractice Insurance



Malpractice Insurance

- Submission of malpractice insurance



Let's See It





Public Provider Screen

NCTracks

Home **Providers** Recipients Operations

[Home](#) ▸ Providers

Providers

Learn more about NCTracks. Check these opportunities:

Formal training -

- Computer Based Training (can be taken any time)
- Instructor Led Training (scheduled periodically)

Register for formal training in SkillPort, on the secure provider portal

NCTracks Secure Portal
Access the secure NCTracks Portal

[Password Help](#)



NCTracks Login Screen

NCTracks Login AA | [Help](#)

The NCTracks Web Portal contains information that is private and confidential. If you are not an authorized individual, this private and confidential information is not intended for you. If you are not authorized to access this content, please click **Cancel**.

By continuing, you are agreeing that you are authorized to access confidential eligibility, enrollment and other health insurance coverage information. Please read more in our [Legal](#) and [Privacy Policy](#) pages.

Your Account

- All users are required to have an [NCID](#) to log in to secure areas.
- Passwords are case-sensitive. Please ensure your Caps Lock key is off.

1 User ID (NCID): [Forgot Login](#)

2 Password: [Forgot Password](#)

3



Provider Portal Home Screen

The screenshot displays the NC TRACKS Provider Portal. At the top left is the NC TRACKS logo. A navigation bar contains links for Eligibility, Prior Approval, Claims, Referral, Public Health, Enrollment, Administration, and Code Search. The main heading is "Provider Portal" with a sub-link for "Home". Below this is the "Message Center for JAMES DRAKE". On the left is a large photo of a male doctor. To the right, under "Announcements", is a message dated July 27, 2012, at 12:00:00 AM, titled "Attention: Some Users". The message text states: "July 27, 2012, Update... DMA and the DHHS Controller's Office are suspending mandatory cost reporting of enhanced mental health services, community based personal care services, adult care home per special care services, CAP/MR-DD services, and residential treatment facility services.. This change was made for the demo group....". Below the announcement are three green buttons: "WELCOME Provider Training", "OFFICE ADMINISTRATORS User Administration", and "ENROLLMENT Status and Management". A red circle with the number "1" is positioned next to the "Status and Management" button.



Status and Management Screen

Provider Portal

Home Status and Management

Contact Information

If you have any questions regarding completion of Provider Enrollment, please contact CSRA Call Center.

Phone: 800-688-6696

Fax: 855-710-1965

Email: NCTracksprovider@nctracks.com

Quick Links

[Online Application](#)

[Provider Enrollment Home](#)

Eligibility Prior Approval Claims Referral Code Search Enrollment Administration

Online Application

Status and Management

Status and Management

* indicates a required field

Welcome to Provider Enrollment Status and Management

Please choose from the options below to manage your enrollment status.

SUBMITTED APPLICATIONS

Below is the status of applications you have submitted.

If status is Payment Pending, we have received initial confirmation from Paypoint that hours to verify the payment. If status is Pay Now, your NC Application Fee payment v payment.

If status of the application is in Payment Pending, Returned, or In Review, you can up



Accreditation Screen

CERTIFICATIONS

Taxonomy **364SP0810X - Psychiatric/Mental Health, Child & Family** requires the following Certification Type:

- Advanced Practice Psychiatric Clinical Nurse Specialist (CNS) By American Psychiatric Nurses Association (APNA) , OR
- Advanced Practice Psychiatric Clinical Nurse Specialist (CNS) By American Nurse Credentialing Center (ANCC)

Add Certification

In addition to certifications required for a taxonomy code, enter all additional board certifications.
Select a certification type from the drop down list and provide the certifying entity and certification number.

Certification Type:

-- Select One --

Certifying Entity:

-- Select One --

State:

NORTH CAROLINA

Certification #:

Effective Date:

mm/dd/yyyy

Expiration Date:

mm/dd/yyyy

Add

Clear



Provider Supplemental Information Screen

Provider Supplemental Information

| A A | [Help](#)

* indicates a required field

Legend

WORK HISTORY

Enter your work history as a health professional for the past 5 years. Work history prior to 5 years ago is not needed. If there is a gap in your employment of more than six months, please upload documentation clarifying the gap upon application submission.

Add Work History

* Company Name:

* Job Title:

* Start Date:

mm/dd/yyyy

* End Date:

mm/dd/yyyy

Add

EDUCATION

Enter your highest level of education completed.

Add Education History

* School Name:

* Degree:

* Start Date:

mm/dd/yyyy

* Graduate Date:

mm/dd/yyyy

Add

CURRENT MALPRACTICE INSURANCE COVERAGE

Medical providers should carry professional liability coverage, often called malpractice insurance. This insurance covers your exposure to liability arising from your profession, including allegations of malpractice. Liability insurance offers essential financial protection because a malpractice suit can be brought against you at any time after you have seen a patient.
Enter your current malpractice insurance coverage.

* Do you have malpractice insurance or are you covered under a federal tort?
☐ Yes ☐ No

« Previous

Please be sure to complete all required fields with valid content.

Next »

Save Draft

Delete Draft



Provider Supplemental Information Screen (cont.)

CURRENT MALPRACTICE INSURANCE COVERAGE ?

Medical providers should carry professional liability coverage, often called malpractice insurance. This insurance covers your exposure to liability arising from your profession, including allegations of malpractice. Liability insurance offers essential financial protection because a malpractice suit can be brought against you at any time after you have seen a patient.

Enter your current malpractice insurance coverage.

* Do you have malpractice insurance or are you covered under a federal tort?

☒ Yes ☐ No

Add Malpractice

* Malpractice type: -- Select One --

* Effective Date: mm/dd/yyyy

* Expiration Date: mm/dd/yyyy

Add

Provider Supplemental Information Screen (cont.)

Provider Supplemental Information

AAHelp

Legend

WORK HISTORY

Enter your work history as a health professional for the past 5 years. Work history prior to 5 years ago is not needed. If there is a gap in your employment of more than six months, please upload documentation clarifying the gap upon application submission.

ABC COMPANY, SOCIAL WORKER, 01/01/2018 - 12/31/9999

Add Work History

* Company Name:

* Job Title:

* Start Date:

mm/dd/yyyy

* End Date:

mm/dd/yyyy

Add

EDUCATION

Enter your highest level of education completed.

MASTERS IN SOCIAL WORK, MY SCHOOL, 01/01/1999 - 12/31/2017

School Name: My SchoolDegree: Masters in Social Work

Start Date: 01/01/1999Graduate Date: 12/31/2017

EditDelete

Add Education History

* School Name:

* Degree:

* Start Date:

mm/dd/yyyy

* Graduate Date:

mm/dd/yyyy

Add

CURRENT MALPRACTICE INSURANCE COVERAGE

Medical providers should carry professional liability coverage, often called malpractice insurance. This insurance covers your exposure to liability arising from your profession, including allegations of malpractice. Liability insurance offers essential financial protection because a malpractice suit can be brought against you at any time after you have seen a patient.
Enter your current malpractice insurance coverage.

* Do you have malpractice insurance or are you covered under a federal tort?

☒ Yes ☐ No

INDIVIDUAL MALPRACTICE COVERAGE, INDIVIDUAL MALPRACTICE COVERAGE, 01/01/2020 - 12/31/2022

Add Malpractice

* Malpractice type:

-- Select One --

* Effective Date:

mm/dd/yyyy

* Expiration Date:

mm/dd/yyyy

Add

Previous

Please be sure to complete all required fields with valid content.

Next

Save DraftDelete Draft



A wide panoramic view of a mountain range with a lighthouse on the right. The mountains are covered in dense green forest, and a small lake is visible in the distance. The lighthouse is a tall, black and white striped tower with a lantern room at the top. The sky is blue with some white clouds.



Final Steps Screen

Final Steps

⌂ | AA | Help

* Indicates a required field

Legend

ONLINE SUBMISSION COMPLETE

?

Thank you for submitting the online portion of your application.
Please save/print the following documents for your records

- [Online Application](#)
- [Cover Sheet](#)
- [Review Agreement](#)

Now that you have submitted your online application, you will not be able to retrieve the application or reprint application documents.

APPLICATION FEE REQUIRED

?

Thank you for applying to Medicaid and/or NCHC (Children). In order to complete your application, a \$100.00 NC Application Fee is required. Please click the 'Pay Now' button. You will be directed to Paypoint to make the payment. [Pay Now](#)

FINGERPRINTING REQUIRED

?

In compliance with the federal regulatory requirements in 42 CFR 455.450(c) 455.101 and 455.434, the application you submitted requires fingerprinting. After your application has been received and reviewed by CSRA, the Office Administrator will be contacted with instructions for completing the fingerprinting process. See [Fingerprinting Information Page](#) for more information.

REQUIRED ATTACHMENTS

?

Your application indicates that you are enrolling as:

- BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS, Social Worker, Clinical
- PHYSICIAN ASSISTANTS & ADVANCED PRACTICE NURSING PROVIDERS, Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Family

The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.

- No Required Attachments for the Taxonomy

INDIVIDUAL PROVIDER AGREEMENT

?

All Individual providers must sign and upload a copy of the signed [Individual Provider Agreement](#).

ELECTRONIC ATTACHMENTS

?





If you need to submit electronic attachments, you may do so at this time by clicking the Upload Documents button below. You can also submit electronic attachments on the Status Management Page.

[Upload Documents](#)


Return to [Provider Enrollment Status and Management Home](#)


PDF documents on this page require the free [Adobe Reader](#) to view and print.

Upload Documents Screen



Upload Documents

 [AA](#) [Help](#)

 Indicates a required field

[Legend](#)

Malpractice Documents

DO NOT upload malpractice judgement/settlement documentation. If applicable, you will receive instructions via email regarding how to submit this information.

Electronic Attachments

Only one file can be uploaded at a time. Maximum 20 files can be uploaded per application. A File cannot be more than 25 MB.


The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image(TIFF, JPEG, GIF, PNG).

To upload a file:

1. Click the Browse button.
2. Locate the file and add. Note: The file name will display to the right of the Browse button.
3. Click the Upload Document button to submit the file to NCTracks.
4. When upload is successful, a message will be displayed with the file name. If you wish to print a record of submitted attachments, click the printer icon located at the right hand corner of the screen.

For each question you answered yes on the Exclusion Sanction Page, you must attach or submit a complete copy of applicable criminal complaint or disciplinary action, Consent Order, documentation regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of this application.

Uploaded Documents

 **Uploaded File(s)**

| |
|--|
| |
| |
| |

Individual Provider Agreement

All Individual providers must sign and upload a copy of the signed [Individual Provider Agreement](#).

[Browse...](#) No file selected. [Upload Document](#)

General Enrollment Additions

Upload general enrollment documents related to the application here. Do not upload fingerprinting documents here. Maximum 20 files can be uploaded per application.

DO NOT upload malpractice judgement/settlement documentation. If applicable, you will receive instructions via email regarding how to submit this information.

[Browse...](#) No file selected. [Upload Document](#)

Fingerprint Evidence Documents

Upload a copy (copies) of your completed fingerprinting evidence form(s) here. Maximum 20 files can be uploaded per application.

[Browse...](#) No file selected. [Upload Document](#)

[Return to \[Provider Enrollment Status and Management Page\]\(#\)](#)



Summary/Wrap Up

Now you are able to identify how NCTracks will capture and store:

- Work History
 - Including work history gaps
- Education History
- Current Malpractice Insurance
- Malpractice Settlement

In addition NCTracks will:

- Request individual providers submit ALL board certification data.
- Add two Exclusion Sanction Questions
- Require enrolling providers to sign an agreement.



Confirm Attendance

E-mail for Web Attendance
NCMMIS_Training_Team@csra.com
include:

Course Name: Changes to Individual Provider Application Process



What Questions Do You Have for Me?

